



Continuing Education and Conferences

University of South Carolina

CONTINUING EDUCATION PROGRAMS CERTIFICATE REPLACEMENT REQUEST FORM

This form is to be used for noncredit (CEU and NCCP) and professional development certificate replacement requests. Please type or print in black or blue ink only. Illegible forms will not be processed.

Full Name _____
Last First MI

SSN last four* _____ Professional license # _____
*Do not submit entire SSN.

Address _____

City _____ State _____ Zip _____ Country _____

Phone () _____ Fax () _____ I wish to receive a copy of my certificate by fax.

Participant signature _____ Date _____
I certify I am the above named individual requesting my replacement certificate.

Dates of program participation (month/year) _____
Course 1 Course 2

INTERNAL USE ONLY						
DATE	MTH	\$	APPVL	A	CC4	EXP

Check one: Check/Money Order American Express Discover
 MasterCard Visa

Credit card # _____ Expiration date _____

Name as it appears on card _____ CVV code _____

Amount \$ _____ Cardholder signature (required) _____

Replacement fee is \$5 per certificate. Please allow 3-5 business days for processing. Make all methods payable to "UofSC Continuing Education and Conferences." If you wish to charge your fees, enter your account number and sign above. (USC FEIN 57-6001153).

Please fax completed form with method of payment to 803-777-2663 or mail to: University of South Carolina Continuing Education and Conferences 1705 College Street, Suite 591, Columbia, SC 29208 *DO NOT scan and email this form with credit card information.*